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INSTITUTE OF SOCIAL MEDICINE
19, PARKS ROAD, OXFORD

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ISLE OF ELY COUNTY COUNCIL.

EDUCATION COMMITTEE.

Annual Report

of the

School Medical Officer

for the

Year ending 31st December, 1950.

LITTLEPORT, ISLE OF ELY:
G. T. WATSON, PRINTER, VICTORIA STREET.
1951.

With the Compliments of the
County & School Medical Officer
for the Isle of Ely.

County Health Department,
County Hall,
March, Cambs.

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To the Chairman and Members of the Isle of Ely Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the School Health Service for the year 1950.

It is customary in an introduction such as this to draw attention to the salient features of the year's working of the service under review. Often on balance consideration of these features gives cause for satisfaction: less often the reverse is true: seldom, however, can such a review have presented as sorry a picture as that to which the School Health Service was reduced in the Isle of Ely in the latter half of 1950.

The School Health Service is a preventive service based primarily on the regular medical and dental inspection of all school children: after May in 1950 no medical or dental inspections were carried out. In March the Senior Dental Officer and one of the Assistant School Medical Officers left the County. In May the other Assistant School Medical Officer and the remaining Dental Officer also left. Replacement proved impossible. The reason for this lamentable state of affairs is not difficult to understand. It is a by-product of the many recent changes in the health services of the country and is none the less to be regretted for its effect in the dental field, which has been, albeit unwittingly, to destroy utterly the School Dental Service, a service pre-eminently fitted to provide that priority service for children which was one of the most loudly heralded features of the new order and which had in fact for years been filling just such a need, apart altogether from the preventive aspect of the work. That the service will be rebuilt is unquestioned—at the time of writing a start has been made—but building is a much longer process than demolition and in the interregnum the harm done is incalculable. To imagine that the general dental service provided under the National Health Service can fill the gap, much less than it can replace entirely the school service, is to show complete misapprehension not only of the potentialities, immediate and for the forseeable future, of the total available dental strength of the country but also of the whole aim and purpose of preventive dentistry as it could be practised given adequate strength of personnel in the School Dental Service. In a word, priorities are necessary, but they are not being given. As for preventive medicine,

essentially the same position has been reached. Where the problem is understood there is general agreement in theory but, in practice, growth can hardly be said to be stimulated by conditions which render it virtually impossible to recruit medical staff of the right calibre, possessing the requisite specialist qualification, and of the type who in previous years offered themselves for appointment in more than adequate numbers. It may or may not be cheaper to prevent disease but it is more conducive to human happiness and, it would probably be agreed, of greater advantage to the common weal. It is, however, unquestionably more spectacular to cure disease, generally more psychologically satisfying to the individual practitioner, and, for that matter, more financially rewarding. Unfortunately the public rarely appreciates the danger of allowing the preventive services to run down, for the unhappy consequences of any failure in this field do not become apparent until after the lapse of many years. In any case, prevention is not news.

In 1950 then, in the Isle of Ely, the School Dental Service came to a dead stop. On the medical side an attempt was made, on the whole successfully, to keep as much as possible of the service going. Inspections were out of the question; ascertainment of handicapped pupils, together with consideration of special cases, was kept going only with difficulty; minor ailment clinics, reduced by half, continued under the supervision of part-time doctors employed on a sessional basis, and over the year there was, surprisingly enough, only a slight fall in attendances and an actual increase in the number of individual defects treated. Treatment, be it noted, which unlike prevention is not the primary purpose of the service.

The other work of the service continued on usual lines and calls for no particular comment.

In conclusion it is only necessary for me to record my appreciation of the good team work and loyal service of the whole staff of the department, of the full co-operation of the Chief Education Officer and his staff, and of the interest and encouragement, in very discouraging circumstances, of the Chairman and Members of the School Medical Services Sub-Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

(Signed) M. E. HOCKEN,

School Medical Officer.

STAFF.

School Medical Officer.

M. E. HOCKEN, M.B., Ch.B., D.P.H. (appointed 1/2/50)

Assistant School Medical Officers.

G. P. BARCLAY, M.B., Ch.B., D.P.H. (resigned 21/3/50).
P. COGGIN BROWN, M.R.C.S., L.R.C.P., D.P.H. (resigned 19/5/50)

Senior School Dental Surgeon.

I. O. ENOS, L.D.S., R.C.S. (Eng.) (resigned 11/3/50).

Assistant School Dental Surgeon.

S. W. FELCE, L.D.S., R.C.S. (Eng.) (resigned 30/5/50).

Speech Therapist.

Miss H. WESTRUP, L.C.S.T., L.G.S.M.

Orthopaedic Physiotherapist.

Mrs. G. E. C. HAY (appointed 1/9/50).

Oculists.

Miss M. PERRERS TAYLOR, M.R.C.S., L.R.C.P., D.P.H., D.O.M.S., Ely.
W. A. D. LAWSON, M.D., D.P.H., D.O.M.S., March
D. WILSON TAYLOR, M.B., Ch.B., Wisbech.
Mrs. J. H. KODICEK, M.B., B.S., M.R.C.S., L.R.C.P. (temporary).

Orthoptist.

Miss L. BILLINGHURST.

Superintendent Nursing Officer.

Miss G. M. SANDERS, S.R.N., S.C.M., H.V. Cert.

School Nurses.

Miss E. CORNISH, S.R.N., S.C.M., H.V. Cert. (Ely).
Miss T. GIBBONS, S.R.N., S.C.M., H.V. Cert. (Ely) (appointed 1/9/50).
Miss I. P. LUCAS, S.R.N., S.C.M., H.V. Cert. (Ely) (resigned 4/5/50).
Miss E. E. REDHEAD, S.R.N., S.C.M., H.V. Cert. (Wisbech).
Mrs. M. E. ROSE, S.R.N., S.C.M., H.V. Cert., Bd. of Ed. (Whittlesey).
Miss E. T. TAYLOR, S.R.N., S.C.M. (Wisbech).
Miss I. K. WEBB, S.R.N., S.C.M., H.V. Cert. (March).
(appointed 1/8/50) (resigned 31/12/50).
Miss M. L. WILLIAMS, S.R.N., S.C.M., H.V. Cert. (March).
(appointed 1/1/50) (resigned 30/11/50).

School Nurses—Part-Time.

Miss C. M. BIART, S.R.N., S.C.M., H.V. Cert. (Littleport D.N.A.).
Miss K. M. RAILTON, S.R.N., S.C.M., H.V. Cert. (Littleport D.N.A.)
Miss E. A. B. GEORGE, S.R.N., S.C.M., H.V. Cert. (Chatteris).

Dental Attendants.

Miss J. LINDFORD (resigned 30/5/50). Miss B. GOODWIN (resigned 30/5/50).

Clerical Staff.

H. A. HOUSE (Administrative Officer).
F. RITCHIE. I. R. BENSON.

ANNUAL REPORT.

1950.

No. of Children on Roll :—

County Primary	8083
County Secondary Modern	2391
Secondary Grammar	1607
	12081
No. of Schools	82

PERIODIC MEDICAL INSPECTIONS.

Routine visits of inspection were paid to only 13 schools.

A. Periodic Medical Inspections	1950	1949	1948	1947	1946
Entrants....	276	1,584	1,513	1,548	1,501
Second Age Group	178	1,386	1,139	1,295	1,607
Third Age Group	374	639	912	986	1,271
Other periodic inspections	26	63	112	110	214
Total	854	3,672	3,676	3,939	4,593
B. Other Inspections					
Special Inspections—children specially referred by parents and teachers	24	41	73	88	20
Re-inspections—all children found to have defects at the previous examination	723	2,564	3,150	2,358	2,488
Total	747	2,605	3,223	2,446	2,508

Findings of Medical Inspection.

General Condition.

The classification of pupils into three categories, instead of four as formerly, has not in any way made it easier for medical staff to assess the general condition more accurately, and comparisons of reports from different areas are still as unreliable as before. The real difficulty in this connection is often the lack of experience among medical staff in the study of healthy children and the difficulty of defining "normal," a term which occurs in the official definition of each of the new categories. It has never been possible to lay down a close definition based upon scientific data and, as the personal factor must still enter into any assessment of physical condition, wide variations in final decisions occur.

The results listed in the table to be found at the end of this report show that a high standard has been set, and I feel that the percentages set forth have regard to what is normal in this locality only. I am fully convinced that the local children derive from healthy stock and, as they are among the most happily situated in the whole country as regards climate and social conditions, they are consequently better nourished.

Incidence of defects.

A comparison of the number of defects discovered at the periodic inspections in 1950 with the findings of the previous year shows minor fluctuations only under each heading.

Action Following Inspection.

When treatment of any description is recommended by the school medical officers, letters are sent to parents and appropriate suggestions made as to facilities available. Should no response ensue follow-up visits are paid by the school nurses and, if no action is taken after a first visit, repeat visits are paid wherever possible. The rate of acceptance of treatment is very high and the majority of parents are found to be most co-operative in accepting any advice given by the staff.

Work of School Nurses—Cleanliness inspections.

In addition to follow-up visits paid to the homes, the school nurses carried out their routine work as set out in the accompanying table.

With regard to the cleansing of verminous heads, revised instructions were issued to parents and to the nursing staff and a new D.D.T. preparation was adopted in place of lethane and found to be very effective in practice. Advisory work in this connection was felt to be efficacious, especially when followed by actual cleansings carried out in the school clinics. Electric hair dryers are available in each of the clinic premises and the work of the nurses has been eased.

TABLE.

Sessions spent at routine medical inspection	Average number of visits per school for verminous inspection	No. of children examined for cleanliness	No. of individual children found unclean	Follow-up visits in homes for all purposes	Attendances at minor ailment and eye clinics
39	5	27,682	422	896	868

ARRANGEMENTS FOR TREATMENT.

Minor Ailment Clinics.

There was no change in the arrangements for treatment at these clinics during the year. The total attendances were lower than those recorded during 1949. The failure to fill the vacancy of health visitor and school nurse in Chatteris hampered the services there in every field.

Visits by the school nurses were continued to the Elm Road School, Wisbech, and Townley School, Christchurch, for the purpose of treating any minor ailments on the spot and it is proposed to enlarge this very useful branch of the work as soon additions are made to staff.

It is felt that there is still much scope for developing the usefulness of minor ailment clinics without in any way encroaching on the personal medical services provided by general practitioners. Many daily applications and dressings could be carried out by the expert nursing staff, and such an arrangement would prove time saving, not only for the pupils, but also for the general practitioners and the busy district nurses, and the treatment given would often be more quickly effective than attempts carried out at home. The system could only operate when a full measure of co-operation was established between the Part IV. services and the School Health Service.

MINOR AILMENT CLINICS.

CLINIC	ADDRESS	DOCTOR PRESENT
WISBECH ..	County Clinic, Lynn Rd., Wisbech ..	Each Friday morning
MARCH ..	County Clinic, County Hall, March ..	2nd & 4th Thursdays—mornings
ELY ..	County Clinic, Downham Rd., Ely ..	1st & 3rd Wednesdays—mornings
CHATTERIS ..	Cromwell Cty. Sec. Mod. School ..	2nd & 4th Fridays—mornings
WHITTLESEY ..	Former C.D. Report Centre, Whittlesey	1st & 3rd Tuesdays—mornings
LITTLEPORT ..	Oddfellows' Hall, Littleport ..	4th Tuesday morning each month
THORNEY ..	Duke of Bedford C.P. School ..	1st and 3rd Wednesdays—mornings
OUTWELL ..	Beaupré School ..	1st Monday morning

TREATMENT OF MINOR AILMENTS IN THE CLINICS FOR THE YEAR 1950.

(Individual number of children treated).

	Wisbech	March	Ely	Chatteris	Littleport	Whittlesey	Thorney	Outwell	Christchurch
Ringworm (head) ..	..	..	..	..	..	..	..	..	..
Ringworm (body) ..	..	6	..	2	..	2	..	..	..
Scabies	4	2	3	1	..	3	..	..	..
Impetigo	55	7	9	..	9	20	14	..	..
Other skin diseases ..	6	..	11	9	10	35	30	..	..
Minor eye defects ..	49	56	15	8	6	5	9	..	..
Minor ear defects ..	16	8	7	9	5	..	4	..	..
Miscellaneous	451	157	171	58	60	208	119	217	113
TOTALS ..	581	236	216	87	90	273	176	217	113

GRAND TOTAL: 1,989.

Total attendances made by children: 6,007.

Visual Defects and Diseases of the Eye.

Miss M. Perrers Taylor, M.R.C.S., L.R.C.P., D.P.H., D.O.M.S., was appointed in 1946 to be consultant in diseases of the eye under Reg. 53 of the Handicapped Pupils and School Heath Service Regulations.

Mr. W. A. D. Lawson, M.D., D.O.M.S., was approved as an additional consultant in March, 1948.

All pupils with defective vision or squint ascertained at inspection are given an opportunity of attending one of the following clinics :—

Wisbech	Dr. Wilson Taylor	1st and 3rd Wednesdays and 2nd and 4th Thursdays.
Ely	Miss Perrers Taylor	2nd and 4th Thursdays.
,,	Dr. Kodicek	alternate Mondays.
March	Mr. Lawson	each Friday
Whittlesey	,,	1st Tuesday in month.
Chatteris	,,	2nd Tuesday in month.

There were altogether 146 sessions held during the year, 582 individual children being seen, making a total of 1,349 attendances. The figures show a marked increase on the previous year.

Spectacles were prescribed under the Authority's Scheme for 488 children and were obtained by 440.

Miss Perrers Taylor reports :—

"During the year 1950 229 cases have been seen at my clinic, 31 of these being new cases. The drop in new cases is due to the fact that for much of 1950 there was no School Medical Officer and, therefore, routine examinations were not carried out amongst school children and therefore defective vision cases were not found. As regards the surgical side, 7 children have been operated on for squint, 3 for congenital cataracts and 1 for blocked tear sac. There were, at the end of the year, only one or two children awaiting operation.

As regards the orthoptic side, during the year 39 attendances have been made, this involving 14 children, and there are 59 children waiting to be seen. It will, therefore, be appreciated that one session a month is quite inadequate for the amount of work which is to be done, and I shall greatly appreciate the appointment of an orthoptist twice a week. During the year, I have found that attendances have been well kept and both parents and children have been very co-operative."

(Signed) M. Perrers Taylor.

Squint.

Operations for squint have been performed by Miss Perrers Taylor in seven cases.

Orthoptic Treatment.

Following the appointment of Miss L. Billinghurst, an Orthoptic Clinic was opened in August, 1950, in the Ely area.

Operative Treatment for Defects of Nose and Throat.

Operative treatment of unhealthy tonsils and/or adenoids is provided at Addenbrooke's Hospital, Cambridge, Peterborough and District Memorial Hospital, and the North Cambs. Hospital, Wisbech, and in addition increased use was made of the facilities at the County Hospital, Doddington, where the two consultants are responsible for regular out-patient clinics and subsequent treatment.

The total number of cases receiving operative treatment was 226 during 1950.

25 cases received other forms of operative treatment and 239 other conditions were dealt with, either at the minor ailment clinics or at the hospitals.

Close liasion was maintained with the Speech Therapist in after-care work.

Diseases of the Ear, Nose and Throat.

Mr. Walford, of Cambridge, was appointed in 1946, to act as Consultant attached to the School Health Service for the ascertainment and treatment of these diseases.

In May, 1947, Mr. Kenneth Wilsdon, also of Cambridge, was appointed as an additional consultant under Reg. 53.

Orthopaedic Scheme.

Consultants attended clinics as under :—

Wisbech North Cambs. Hospital—Mr. Weeden Butler—1st and 3rd Thursday in month.

Ely Dispensary (St. Mary's Street)—Mr. Weeden Butler—2nd Thursday in month.

It was not found possible to fill the vacancy caused by the resignation of Miss Parris, the Orthopaedic Sister, until September with the result that children requiring treatment were referred to Hospitals and no home visiting or supervision was undertaken in the intervening period.

Tuberculosis.

185 examinations of school children were carried out at the chest clinics at Wisbech and Doddington by the Consultant Chest Physician during 1950. Of this number 73 were new cases, the remainder being re-examinations. 134 X-ray examinations of school children were carried out at the chest clinics, and of these 73 were new cases, the remainder being re-examinations of old cases. 3 cases of tuberculosis were notified as occuring among

school children during 1950, 2 pulmonary and 1 non-pulmonary in type. During the year one school child received institutional treatment at Bramblewood Sanatorium.

Speech Therapy.

Miss Westrup reports as follows:—

The total number of children throughout the Isle of Ely now on the Speech Therapy Register is 140; of these:—

99 are receiving treatment.

41 are awaiting examination and/or treatment.

During 1950:—

185 children received treatment (Boys 111: Girls 74).

118 children were admitted for treatment.

100 children were discharged from treatment.

Types of cases which received treatment:—

Dyslalia	81	....	44%	of total No. of cases treated.
Retarded Speech Development	44	....	24%	
Stammering	37	....	20%	
Dysphonia	6	....	3%	
Cleft Palate Speech	5	....	2%	
Neurogenic cases	4	(+ 8 pupils) (at the) (Palace) (School)	6%	

Detailed classification of cases treated:—

Place	Dyslalia	Retarded Speech Development	Stammering	Cleft Palate Speech	Dysphonia	Neurogenic Cases
Ely	7	11	5	1	—	8
March	16	15	2	—	2	—
Wisbech ...	19	—	15	2	1	1
Chatteris ...	10	3	2	1	2	1
Littleport ...	5	10	6	1	—	—
Whittlesey ...	4	1	1	—	—	—
Thorney ...	9	1	—	—	—	—
Sutton	3	2	1	—	—	—
Doddington ...	2	—	2	—	—	—
Manea	1	—	1	—	1	—
Witchford ...	2	—	2	—	—	—
Witcham ...	—	—	—	—	—	1
Outwell... ...	—	—	—	—	—	1
Little Thetford	3	—	—	—	—	—
Little Downham	—	1	—	—	—	—
TOTAL	81	44	37	5	6	12

The high proportion of cases of retarded speech development and faulty sound formation, which accounts for 68% of the total of cases treated, is characteristic of a rural area. Wisbech (the largest town in the Isle of Ely) provides 40% of the cases of stammering—an interesting statistic when one considers the causes of this nervous symptom.

General Remarks.

During the year the service has been extended to country districts. Weekly treatment has been given wherever possible, though fortnightly sessions have been held in more remote villages. In the latter case co-operation from the teaching staff and parents has been invaluable.

In the absence of an Assistant Medical Officer, children have been referred to me for examination by teachers and school nurses.

The incidence of children found to be suffering from a speech disturbance has not changed appreciably since 1949. The number of patients treated and discharged is offset by an extensive inquiry throughout the Isle, and increased awareness among the public of a comparatively new social service.

(Signed) Hilary Westrup, L.C.S.T., L.G.S.M.,
Speech Therapist.

School Dental Service.

As has already been mentioned the Authority since May, 1950, did not have the services of a single Dental Officer. The dental trailer was repainted during this interim period but owing to lack of staff it has not yet been put into use. Having regard to the fact that it was impossible to obtain the services of Dental Officers no further action was taken to purchase a new dental van.

Report on the Dental Treatment Scheme for 1950.

Administration of the Scheme.

The general character of the Dental Inspection and Treatment Scheme has remained unaltered during the year. At no time during 1950 were the services of a full staff available.

Dental Inspections.

These were carried out on school premises during school hours, and 1616 school children were inspected during 9½ half-day sessions, which gives an average of 170 children inspected per session.

Dental Treatment.

Of the 1,616 school children inspected, 1,068 (sixty-six per cent.) were referred for treatment, and of this number 737 (sixty-nine per cent.) received treatment from the School Dental Officers.

It can be seen from the comparative table given below that only about one third of the school population of 12,000 can be offered treatment if the staff consists of only two dental officers. It follows, therefore, that to give a really satisfactory dental service to the schoolchildren, the staff should consist of one Senior Dental Officer and five Assistant School Dental Officers. The figures for 1947, 1948 and 1949 appear to support this contention.

COMPARATIVE TABLE OF TOTAL NUMBERS OF CHILDREN INSPECTED AND TREATED DURING THE PAST SIX YEARS.

	1945	1946	1947	1948	1949	1950
Number Inspected	5,201	1,637	3,078	4,110	3,850	1,616
Number Treated	1,431	820	2,612	2,005	2,032	737
Number of Inspections and Treatment Sessions	844	505	863	953½	849	274½

Orthodontics.

It has not been possible to make any progress with this very necessary and important form of treatment. For the children to benefit from the modern technique of orthodontics, a part-time consultant orthodontic specialist should be employed in addition to the School Dental Officers.

Pre-School Children.

Lack of staff has again postponed the implementation of the provisions of the National Health Service Act, 1946, with regard to the development of a Maternity and Child Welfare Dental Scheme, to which scheme these children properly belong. However, we have continued the same policy as last year. All children under five, on whose behalf application was made, were inspected and treated.

Dental Statistics, 1950.

A complete analysis of the children inspected during 1950, and also of the treatment carried out for these children is shown in the following table:—

1.	Total number inspected	1616
2.	Number referred	1068
3.	Number actually treated	737
4.	Attendances at Treatment Centres	1635
5.	Number of Inspection Sessions	9½
6.	Number of Treatment Sessions	265
7.	Fillings:	
	Permanent Teeth	681
	Temporary Teeth	180
8.	Extractions:	
	Permanent Teeth	271
	Temporary Teeth	1008
9.	General Anaesthetic Cases	103
10.	Other Operations:	
	Permanent Teeth	775
	Temporary Teeth	258

Milk in Schools Scheme.

On a given day in October, 1950, 8215 pupils in attendance took milk.

The type of milk being supplied has varied but little since 1945. The following table gives details:—

Type of Milk.	*No. of schools being supplied.*
Tuberculin Tested	17
Pasteurised	60
National Dried	2

The majority of schools now receive milk in ⅓ pint bottles. The particulars as compared with previous years are set out below:—

	1944	1945	1946	1947	1948	1949	1950
Schools supplied in ⅓ pints	23	46	65	67	66	68	70
,, ,, ,, 1 ,,	29	24	14	14	15	9	7
,, ,, ,, bulk	25	10	—	—	—	—	—

The supply of milk to some of the schools in Ely Rural District has always presented a problem as suppliers have been unable to deliver in $\frac{1}{3}$ pt. containers, but the main source of supply is highly satisfactory, being certified T.T.

Since the 6th August, 1946, all pupils requiring milk are supplied free of charge.

	July 1945	*July* 1946	*Dec.* 1946	*Dec.* 1947	*Oct.* 1948	*Oct.* 1949	*Oct.* 1950
No. on school rolls	10,072	10,761	11,433	11,809	11,287	11,264	11,380
No. of $\frac{1}{3}$ pints supplied	6,007	8,084	8,949	8,377	8,379	8,465	8,215
Percentage receiving milk	59%	75%	78%	71%	74%	75%	72%

SUMMARY OF HANDICAPPED PUPILS.

Category	In Special Schools		In maintained Primary & Secondary Schools		In Independent Schools		Not at School		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blind	1	..	..	..	..	..	1	..	2	..
Partially Sighted	2	..	..	1	..	..	3	..	5	1
Deaf	1	4	..	..	1	..	..	..	2	4
Partially Deaf	..	1	1	2	..	..	..	1	1	4
Delicate	..	..	5	6	..	..	2	1	7	7
Diabetic	1	..	..	..	..	..	2	..	3	..
Educationally sub-normal	4	6	63	31	..	..	3	2	70	39
Epileptic	1	..	7	3	..	..	..	..	8	3
Maladjusted	..	..	7	3	..	..	..	..	7	3
Physically Handicapped	3	4	16	4	..	..	8	7	27	15
Multiple Defects	..	..	..	..	..	..	2	1	2	1
	13	15	99	50	1	..	21	12	134	77

Disposal of Handicapped Pupils.

1. *Partially Sighted.*

One partially sighted boy was admitted to the East Anglian School for Blind and Deaf Children, Gorleston-on-Sea.

2. *Deaf.*

The parents of one boy arranged for his admission to the Hamilton Lodge School for Deaf Children, Brighton, which is an independent school.

3. *Delicate.*

One boy was admitted to the St. John's Open Air School, Woodford Bridge, Essex.

4. *Diabetic.*

One boy was admitted to the Residential School for Diabetics at Hutton, Essex.

5. *Educationally Sub-normal.*

One boy was admitted to East Hill House School, Colchester.

Infectious Disease in School.

No schools were closed for epidemics in 1950. The following table gives the incidence of notifiable and other infectious diseases :—

Schools concerned 81	Diphtheria	Scarlet Fever	Whooping cough	Chicken pox	Measles	German measles	Mumps	Total
Cases		51	177	253	963	7	127	1578
Contacts		3	...	...	8	...	1	12

Immunisation.

Diphtheria.

During 1950, 113 school children received two injections of A.P.T. and 82 received a re-inforcing, or 'booster,' injection.

Provision of Cooked Meals and Hot Drinks in Schools.

Cooked mid-day meals were provided for 45 schools during 1950, and on a certain day in December 5,127 children took advantage of the scheme.

The total number of pupils receiving free dinners on a certain date was 290.

In place of hot dinners, or to amplify the existing numbers of hot dinners in certain schools where it was impossible to cope with all the children who desired a cooked meal, hot drinks are provided for consumption with the children's packed lunch. It was the custom in those schools where there were in attendance pupils from a distance as well as local pupils to reserve the limited number of hot dinners for those who travelled. The number of schools in which hot drinks were provided was 12 and the average consumption was 187 drinks daily.

Hygiene in Schools.

It was not found possible to embark on the building of any new schools during 1950, but the erection of prefabricated huts on several school premises relieved to a great extent the pressure of overcrowding noted previously. These lightly constructed buildings are highly popular with teaching staff and are found to satisfy all hygienic requirements for light, warmth, space and cleanliness.

A routine hygiene inspection was carried out during the periodic medical inspections at each school and sanitary defects were reported in seven instances. Appropriate action was initiated and the repairs carried out, mainly to school lavatories and urinals.

Physical Training.

Physical training continued to be carried on by instructors and specially trained members of the teaching staff. Mrs. C. E. G. Hay was oppointed as Orthopaedic After-Care Sister in September, 1950, and has carried out remedial work at schools and clinics.

Co-operation.

The measure of co-operation which has existed between the Chief Education Officer and his staff and the staff of the School Medical Department continues to be very close and leads to prompt action in any matters which concern either department. The Head Teachers and teaching staffs continue to give valuable assistance at the periodic medical inspections and also in referring pupils with defects. As regards the latter we regard the teachers as our most reliable source of information.

Parents are fully appreciative of the scope of the services and the high acceptance for all types of treatment offered is evidence of their co-operation.

The local inspectors of the N.S.P.C.C. have at all times responded promptly to requests for assistance in dealing with problem families and the three School Attendance Officers link up with this department in all investigations concerning prolonged absences of pupils due to health reasons.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary & Secondary Schools (Including Special Schools).

A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups—	
Entrants	276
Second Age Group	178
Third Age Group	374
Total	828
Number of other Periodic Inspections	26
Grand Total	854

B.—Other Inspections.

Number of Special Inspections	24
Number of Re-Inspections	723
Total	747

C.—Pupils Found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II A.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	16	17	33
Second Age Group	14	2	16
Third Age Group	23	7	30
Total (prescribed groups)	53	26	79
Other Periodic Inspections	3	5	8
Grand Total	56	31	87

Table II.

A. Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1950.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	3	11	..	..
5	Eyes—				
	a. Vision	48	35	6	..
	b. Squint	..	6	..	..
	c. Other	2	7	..	..
6	Ears—				
	a. Hearing	4	..	..	..
	b. Otitis Media ..	1	5	..	..
	c. Other	..	1	..	..
7	Nose or Throat.. ..	7	55	1	5
8	Speech	3	2	..	1
9	Cervical Glands ..	4	15	..	2
10	Heart and Circulation..	3	7	..	..
11	Lungs	..	7	..	1
12	Developmental—				
	a. Hernia	..	3	..	..
	b. Other	..	..	..	..
13	Orthopaedic—				
	a. Posture	..	19	2	..
	b. Flat foot	2	11	4	..
	c. Other	5	27	2	4
14	Nervous system—				
	a. Epilepsy	..	..	..	..
	b. Other	..	2	..	..
15	Psychological—				
	a. Development ..	..	..	..	..
	b. Stability	..	3	..	..
16	Other	6	38	3	1

B. Classification of the General Condition of Pupils Inspected During the Year in the Age Groups.

(See Note (II.) on Table I.)

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	276	91	32·97	183	66·30	2	·72
Second Age Group	178	64	35·95	113	63·48	1	·50
Third Age Group	374	162	43·31	211	56·41	1	·26
Other Periodic Inspections	26	7	26·92	19	73·07	..	..
Total ..	854	324	37·93	526	61·59	4	·46

Table III.

Treatment Tables.

Group 1.—Minor Ailments

(excluding Uncleanliness, for which see Table V.)

(a)	Number of Defects treated, or under treatment during the year
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment. If none indicate by dash	—
(ii) Other treatment	—
Ringworm—Body	10
Scabies	13
Impetigo	114
Other skin diseases	101
Eye Disease .... (External and other, but excluding errors of refraction, squint and cases admitted to hospital).	148
Ear Defects .... (Treatment for serious diseases of the ear (e.g. operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report).	49
Miscellaneous .... (e.g. minor injuries, bruises, sores, chilblains, etc.)	1559
Total	1994

(b) Total number of attendances at Authority's minor ailment clinics	6007

Group II.—Defective Vision and Squint.

(Excluding Eye Disease treated as Minor Ailments—Group 1).

	No. of defects dealt with
Errors of Refraction (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officers Report)	652
Other defect or disease of the eyes (excluding those recorded in Group 1)	18
Total	670

No. of Pupils for whom spectacles were	
(*a*) Prescribed	488
(*b*) Obtained	440

Group III.—Treatment of Defects of Nose and Throat.

	Total number treated
Received operative treatment—	
(*a*) for adenoids and chronic tonsilitis	226
(*b*) for other nose and throat conditions	18
Received other forms of treatment	246
Total	490

Group IV.—Orthopaedic and Postural Defects.

(*a*) No. treated as in-patients in hospitals or hospital schools	32
(*b*) No. treated otherwise, *e.g.*, in clinics or out-patient departments	342

Group V.—Child Guidance Treatment and Speech Therapy.

No. of Pupils treated—	
(*a*) under Child Guidance arrangements .. .	1
(*b*) under Speech Therapy arrangements ...	185

TABLE IV.

Dental Inspection and Treatment.

(1)	Number of pupils inspected by the Authority's Dental Officers—		
	(*a*) Periodic age groups....		1616
	(*b*) Specials		—
	(*c*) Total (Periodic and Specials)		1616
(2)	Number found to require treatment		1068
(3)	Number actually treated		737
(4)	Attendances made by pupils for treatment		1635
(5)	Half-days devoted to (*a*) Inspection		9½
	(*b*) Treatment		265
	Total (*a*) and (*b*)		274½
(6)	Fillings: Permanent Teeth		681
	Temporary Teeth		180
	Total		861
(7)	Extractions: Permanent Teeth		271
	Temporary Teeth		1008
	Total		1279
(8)	Administration of general anaesthetics for extraction		103
(9)	Other Operations: (*a*) Permanent Teeth		775
	(*b*) Temporary Teeth		258
	Total (*a*) and (*b*)		1033

TABLE V.

Infestation with Vermin.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	27,682
(ii)	Total number of individual pupils found to be infested	422
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

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